## FORM D

Filing Under (Check box(es) that apply):

FTL:1529118:1

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

UNIFORM LIMITED OFFERING EXEMPTION

☐ Rule 505

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

☐ Rule 504

Class A Promissory Notes and Limited Liability Company Member Interests

05068480

☐ Section 4(6)

Expires: April 30, 2008 Estimated average burden hours per response...16

OMB APPROVAL

OMB Number: 3235-0076

SEC USE ONLY

# Prefix Serial DATE RÉCEIVED

OCT I 1 2005

**SECTION 4(6), AND/OR** 

☑ Rule 506

Type of Filing:	New Filing	☐ Ame					185/4
		A. BASIC	CIDEN	TIFICATIO	ON DATA		
1. Enter the information reques			1 . 1				
Name of Issuer (☐ check if the	is is an amendment and na	ime has changed, an	d indicate c	change.)			•
Professional Center at W	Vellington, LLC			**			
Address of Executive Office c/o Global of Wellingt			4, Westo	on, Florida 33	326-	Telephone Number ( (954) 515-0040	Including Area Code)
Address of Principal Busines	ss Operations (if different	from Executive Offi	ces) (Num	ber and Street, Ci	ty, State, Zip Code)	Telephone Number (	including Area Code)
Brief Description of Business	- · · · · · · · · · · · · · · · · · · ·					· ·	
Type of Business Organization  ☐ corporation ☐ business trust	l limited partnership,			X	other (please specify):	Limited Liability Comp	
Actual or Estimated Date of In	corporation or Organization	Month 08	Year 05		☐ Estimated	P	ROCESSED
Jurisdiction of Incorporation of		-letter U.S. Postal Se CN for Canada; FN				ſ	OCT 13 2005
GENERAL INSTRUCTION		·····,			,		THOMSON FINANCIAL
Federal: Who Must File: All issuers ma	king an offering of securit	ies in reliance on an	exemption	under Regulation	D or Section 4(6), 17 CF	R 230.501 et seq. or 15	
When to File: A notice must be Commission (SEC) on the earl mailed by United States register	ier of the date it is receive	d by the SEC at the	of securitie address giv	es in the offering. Ven below or, if re	A notice is deemed filed ceived at that address afte	with the U.S. Securities r the date on which it is	and Exchange due, on the date it was
Where to File: U.S. Securities	and Exchange Commission	on, 450 Fifth Street,	N.W., Was	hington, D.C. 20	549.		
Copies Required: Five (5) cop manually signed copy or bear t			ne of whic	h must be manua	lly signed. Any copies not	t manually signed must	be photocopies of the
Information Required: A new requested in Part C, and any m							
Filing Fee: There is no federal	filing fee.						
State: This Notice shall be used to inadopted this form. Issuers rely the payment of a fee as a preconductor with state law. The	ring on ULOE must file a soundition to the claim for ex	separate notice with temption, a fee in th	the Securit e proper an	ies Administrator nount shall accom	in each state where sales pany this form. This notice	are to be, or have been r	made. If a state requires
			ATT	ENTION			

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

1 of 8

### A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

• Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director Check Box(es) that Apply: ⊠ Beneficial Owner □ General and/or Managing Partner Full Name (Last name first, if individual) Global of Wellington, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1545 N. Park Dr., Suite 104, Weston, Florida 33326 ☐ Executive Officer ☐ Beneficial Owner □ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy-and use additional copies of this sheet, as necessary) FTL:1529118:1 2 of 8

					B. IN	FORMAT	TON ABO	OUT OFF	ERING			<del></del>	
1.	Has tl	ne issuer solo	i, or does th	e issuer inten	d to sell, to no	on-accredited in under ULOE.	nvestors in this	s offering? .				Yes	No ⊠
<b>2</b> .						under ULUE. om any individ						\$_100	1.000
					•	-						9 <u>100</u> Yes ⊠	No
3.				•	-	?							
4.	Enter solicit dealer persor	the informat tation of pure r registered w ns of such a l	tion requests thasers in convite the SEC broker or de	of for each per connection with and/or with caler, you may	rson who has a sales of secu a state or state set forth the	been or will be trities in the of s, list the nam information fo	e paid or giver fering. If a pe se of the broker or that broker o	n, directly or in crson to be liste r or dealer. If it r dealer only.	directly, any old is an associ more than five	ated person or e (5) persons to	agent of a bro be listed are	neration for oker or associated	
		name first, if			<u>.</u>								
Business o	r Resi	dence Addre	ss (Number	and Street, C	ity, State, Zip	Code)							-
Name of A	200210	ted Broker o	r Doglar			·		<u>-</u>					
Name of A	issocia	iled Broker o	r Dealer										
States in V				ted or Intends									<del>-, </del>
	(Chec	k "All States	s" or check i	ndividual Sta	tes)					☐ All States			
ſAI	-}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	fHI	[ID]
fII	1	[IN]	[IA]	[KS]	· [KY]	[LA]	[ME]	[MD].	. [MA]	[MI]	[MN]	[MS]	[MO]
[M]	η	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	ΙŢ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last	name first, if	individual)										
Business o	r Resid	dence Addre	ss (Number	and Street, C	ity, State, Zip	Code)						<del></del>	
Name of A	ssocia	ted Broker o	r Dealer										
States in V				ted or Intends						<del></del>	<del> </del>		
	(Chec	k "All States	s" or check i	ndividual Sta	tes)					☐ All States			
[AL]	ſ	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	f)	NEI	[NV]-	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	Į:	SC]	[SD]	[TN]	[TX]	JUTI	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last	name first, if	individual)										
Business of	r Resid	dence Addres	ss (Number	and Street, C	ity, State, Zip	Code)			<u> </u>				
Name of A	eencia	ted Broker o	r Dealer										
Name of A	1550014	ica Biokei o	Dealer										
States in V				ted or Intends									
	(Chec	k "All States	s" or check i	individual Sta	tes)					☐ All States			
[AL]	[.	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] -		NE	[NV]	[NH]	[NJ]·	[NM]	[NY]	[NC]	INDI	[OH]	[OK]	[OR]	[PA]
[RI]		SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PRO	CEED	<u> </u>
•	C. OFFERING PRICE, NUMBER OF INVESTORS, EAFENSES AND USE	OF TRO	CEED	3
Enter the aggr	egate offering price of securities included in this offering and the total amount already sold. Enter "0" if		<u> </u>	
	ne" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns ounts of the securities offered for exchange and already exchanged.			
Type of Securi	ty	Aggregate Offering Price	ce	Amount Alrea Sold
Debt		\$_12,000,00	00_	\$_2,854,800
Equity		\$0-	_	\$ <u>-0-</u>
	☐ Common ☐ Preferred	-		
	ecurities (including warrants)	\$ <u>-0-</u>	<del></del>	\$ <u>-0-</u> \$ -0-
	(): Limited Liability Company Member Interests	\$ <u>12,000,00</u>	00	\$\$ \$_1,931.500
	Total	\$ 12,000,00	0*	\$ <u>4,786,300</u>
	* Note: Total offering of \$12,000,000 in any combination of Promissory Notes and Member Interests.			
	Answer also in Appendix, Column 3, if filing under ULOE:			
dollar amounts	ber of accredited and non-accredited investors who have purchased securities in this offering and the aggregate sof their purchases. For offerings under Rule 504, indicate the number of persons who have purchased the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	restors	39		\$ <u>4,786,300</u>
Non-accredited	d Investors	0-		\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE			
date, in offerin	for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to get of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. It is by type listed in Part $\bar{C}$ - Question 1.	Type of	4 4	Dollar Amount
Type of Offerin	ng	Security		Sold
Rule 505				\$
Regulation A Rule 504				\$ \$
	Total			\$
amounts relati	ment of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude ng solely to organization expenses of the issuer. The information may be given as subject to future contingencies. of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	t's Fees		⊠ \$_	
Printing and E	ngraving Cost.		⊠ \$_	
			<b>区</b> \$_	35,000_
Accounting Fe	es		☒ \$_	
Engineering Fo	ees		⊠ \$_	<del></del>
Sales Commis	sions (specify finders' fees separately)		<b>⊠</b> \$_	
Other Expense	es (identify)		<b>⊠</b> \$	

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Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

**⊠** \$\_

\$ 11,965,000

<ol> <li>Indicate below the amount of the adjusted gross proceeds to the issuer with shown. If the amount for any purpose is not known, furnish an estimate The total of the payments listed must equal the adjusted gross proceeds Question 4.b above.</li> </ol>	Payments to Officers, Directors, & Affiliates	Payments To Others	
Salaries and Fees		<b>X</b> \$	⊠\$
Purchases of real estate		- X\$	<b>\  \s</b>
Purchase, rental or leasing and installation of machinery and equipment	<b>X</b> \$	区\$	
Construction or leasing of plant buildings and facilities	<b>X</b> \$	区\$	
Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a management of the securities of another issuer pursuant to a management of the securities of another issuer pursuant to a management of the securities	⊠\$	図\$	
Repayment of Indebtedness			⊠\$
Working Capital			<b>⊠</b> \$ <u>11,965,000</u>
Other (specify):		⊠\$	<b>X</b> \$
Total Payments Listed (column totals added)	DERAL SIGNATURE  thorized person. If this notice is filed under Rule 5		nature constitutes an
investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type) Professional Center at Wellington, LLC	Signature	Date Septembe	r 28, 2005
		7	
Name of Signer (Print or Type)  By: Global of Wellington, LLC, its managing-member  By: David Ortiz	Title of Signer (Print or Type)  X  Manager		
Name of Signer (Print or Type) By: Global of Wellington, LLC, its managing-member By: David Ortiz	$\times$		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)